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## BIB DATA SHEET

CONFIRMATION NO. 4327

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/695,253    | 10/27/2003                       | 360   | 2834           | 1229.006               |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/468,379 05/05/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/27/2004

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance             | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Met after Allowance<br>Initials | CA               | 6               | 22           | 3                  |

**ADDRESS**

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**TITLE**

Composite stator and base for a low profile spindle motor

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>806 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                   |   | <input type="checkbox"/> Other _____                         |
|                                   |   | <input type="checkbox"/> Credit                              |